

Do psychopharmacological interventions affect suicide reattempters?

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Commentary on: Irigoyen M, Segovia AP, Galván L, et al. Predictors of re-attempt in a cohort of suicide attempters: a survival analysis. J Affect Disord. 2019 Mar 15;247:20-28. doi: 10.1016/j.jad.2018.12.050. Epub 18 Dec 2018.

Implications for practice and research

Further exploration is needed within the time period of 1–6 months following a suicide attempt to analyse the support required to identify reattempters.

Further research is required to examine the impact and effectiveness of psychological interventions on suicide attempters. Does this help to reduce suicide reattempts more than pharmacological interventions?

Context

Suicide is a global priority.¹ It is a term commonly associated with a mental health disorder and is synonymous to diagnoses such as personality disorder and depression.² There is no pharmacological treatment to stop people from trying to end their lives. However, there is medication that can treat the feelings and symptoms experienced by suicide attempters. Medication works on receptors and neurotransmitters and does not deal with the underlying emotions that can lead to suicide attempts. Suicide is always an emotive subject, and even now it is still an area that is under-researched,³ and analysing statistics can demonstrate the need for further research.

Methods

The research design has used a longitudinal approach to analyse why people reattempt suicide, by acknowledging that if a person has attempted suicide, then this is a high predictor that they will try it again, due to the unsuccessful preceding attempt. The cohort was recruited from an outpatient clinic, with all prospective participants having recently attempted suicide. Participants' sociodemographic data were collected and presented as part of the sample descriptors, which highlight the potential social vulnerabilities. Current treatment options in the form of pharmacological interventions were examined in an effort to try to seek a rationale for behaviours and existing treatments.⁴ The authors followed each patient from inclusion in the study to the next attempt at suicide or for a period of 2 years.

Findings

Through the cohort study it was found that 70 out of the initial 371 participants reattempted suicide. All participants were receiving pharmacological treatment, in the form of either antipsychotics, anxiolytics or antidepressants. The trends in these findings were of diagnosis and attempt style. The findings were able to show a risk period following the initial attempt and the increased risk of a further attempt. There was an increased risk in the initial 6 months after an attempt, with 20% of the cohort reattempting suicide within the first month. This clearly calls for a more intense monitoring period.⁵

Commentary

This prospective study included 371 participants of ages ranging from 18 to 91 and data were collected between 2013 and 2016. The manner in which the suicide was attempted was also examined to explore the prevalence and the preference within this cohort of how they attempted to end their lives. The statistics present the sociodemographic data, including the preferred method of suicide attempt, and using the Kaplan-Meier survival curve, when the reattempters enter a vulnerable period to reattempt. It is declared that all the participants in the study were in receipt of some form of psychopharmacology.

A question to be posed is what other interventions, if any, were the participants in receipt of? This was not a consideration of this study due to the focus being placed on psychopharmacological treatment.^{4 5} Guidelines² have recommended adjunct treatment with psychological therapies and psychopharmacology when supporting people who experience suicidal behaviours and in helping them to reduce the severity and intent to end life. It has been clearly demonstrated that psychopharmacological interventions do not assist with reducing reattempts of suicide.⁶ A recognition that is reached in this study, as all the participants are currently receiving and are compliant with their medication regimen. The researchers do recognise the dropout rate was quite significant, and this was acknowledged in the study's limitations and overall impact on validity.

The community that works with people who are frequent suicide attempters needs to have many skills in order to be responsive to the emotional needs and to be flexible in providing skills of support to this demographic.

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